## **Annual Reporting Requirement**

410 IAC 16.2-3.1-13 (o) requires that each nursing facility submit an annual statistical report to the Indiana State Department of Health.

The Department has made some adjustments to the program. The annual reporting requirement questionnaire will no long be distributed on a diskette. Instead there will be two options provided for facilities:

- Complete the "Annual Report Questionnaire" in Microsoft Excel and then submit the completed questionnaire to the ISDH via email. The instructions for locating, opening, and submitting the Microsoft Excel "Annual Report Questionnaire" file can be found below. Instructions for opening and submitting can be found below. This is the preferred method.
- Complete the "Annual Report Questionnaire" in Microsoft Word or complete a hard copy of the questionnaire and submit via mail. The Microsoft Word "Annual Report Questionnaire" file can be found below. Instructions for opening and submitting can be found below.

NOTE: Please note that there is a file containing the Annual Report Instructions below. Please carefully follow these instructions when completing the questionnaire.

## <u>Instructions for Opening the Annual Report Instructions</u>

- Right click on the link titled "Annual Report Instructions
- Select "Save Target As"
- Save the file as "Annual Report Instructions"
- Select "Save"
- Select "Open"
- The Annual Report Instructions will now be open for review

## <u>Instructions for Opening the Annual Report Questionnaire</u>

- Right click on the link for the Microsoft Word or Microsoft Excel (preferred method) file titled "Annual Report Questionnaire"
- Select "Save Target As"
- Save the file as "Annual Report Questionnaire"
- Select "Save"
- Select "Open"
- The Annual Report Questionnaire will now be open for completion

## Instructions for Completing the Annual Report Questionnaire

- Save and open the files titled "Annual Report Instructions" and "Annual Report Questionnaire" as directed above
- The filed titled "Annual Report Instructions" will contain the instructions necessary for the completion of the Annual Report Questionnaire. Review and follow the Annual Report Instructions carefully.
- Fill out the Annual Report Questionnaire. Please ensure that all fields are populated.
- Save the questionnaire as "Annual Report Questionnaire".
- Print out a copy of the questionnaire for facility records.
- Submit the "Annual Report Questionnaire" to the Indiana State Department of Health. There are two methods: mail or email. Submission via email is the preferred method.

Indiana State Department of Health Attn: Program Director-Provider Services 2 N Meridian St. Indianapolis, IN 462004 Email to: <a href="mailto:sbrooke@isdh.in.gov">sbrooke@isdh.in.gov</a>

The questionnaire for fiscal year 2005 will be ready to complete in September 2006. Then beginning in 2007, the questionnaire will be ready for completion in March. Each nursing facility is expected to submit the statistical report within sixty (60) days of its request. For more information please contact the Program Director-Provider Services in the Division of Long Term Care at 317-233-7794.

For more information, contact:

Division of Long Term Care 317/233-7794